

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
03 01 2020

through

M M / D D / Y Y Y Y Y Y
03 31 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 20 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 03 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		1080829.04
(b) Cash on Hand at Beginning of Reporting Period.....	2158116.47	
(c) Total Receipts (from Line 19)	995996.77	2122551.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3154113.24	3203380.81
7. Total Disbursements (from Line 31)	30199.78	79467.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3123913.46	3123913.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	130367.12	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2020

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

992681.00

2118131.00

(ii) Unitemized

3315.77

4420.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

995996.77

2122551.77

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

995996.77

2122551.77

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

995996.77

2122551.77

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

995996.77

2122551.77

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10312.91	23296.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10312.91	23296.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	14886.87	51170.94
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30199.78	79467.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30199.78	79467.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	995996.77	2122551.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	995996.77	2122551.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10312.91	23296.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	10312.91	23296.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chesmore, Greg, A., ,

Mailing Address 5018 Flambeau Road

City
Madison

State
WI

Zip Code
53705-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bristol Myers Squibb

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2020

Transaction ID : SA11AI.16356

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Costello, Daniel, , ,

Mailing Address 69 Waverly Ave.

City

Clarendon Hills

State

IL

Zip Code

60514-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Notre Dame

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2020

Transaction ID : SA11AI.16351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City

Knightdale

State

NC

Zip Code

27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11AI.16349

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duncan, Jan, , ,

Mailing Address 2980 Lazy Lane Boulevard

City
Houston

State
TX

Zip Code
77019-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1991031.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2020

Transaction ID : SA11AI.16355

Amount of Each Receipt this Period

991031.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

991031.00

992681.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Mailing Address PO Box 84314

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16521**

Amount of Each Disbursement this Period

165.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Inbox

Mailing Address 601 New Jersey Ave NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Digital Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16522**

Amount of Each Disbursement this Period

340.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Inbox

Mailing Address 601 New Jersey Ave NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
GOTV Data Validation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16531**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

755.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

FEC Identification Number

C**Transaction ID : SB21B.16538**

Amount of Each Disbursement this Period

163.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crosby Ottenhoff GroupMailing Address 611 Pennsylvania Ave
Ste #267City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2020

FEC Identification Number

C**Transaction ID : SB21B.16539**

Amount of Each Disbursement this Period

1612.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edson, Tim, , ,Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

FEC Identification Number

C**Transaction ID : SB21B.16524**

Amount of Each Disbursement this Period

1169.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2946.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 609 Main Street

City
HoustonState
TXZip Code
77002Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16524**

Amount of Each Disbursement this Period

720.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. American AirlinesMailing Address 1101 17th NW
#600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16524**

Amount of Each Disbursement this Period

388.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. i360

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.16531**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	0	0	.	0	0								
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. i360

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2020

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.16532**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RCH Associates

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

Mailing Address 143 Martin Lane

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Political Strategy Consulting

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.16523**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Remington Research Group, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2020

Mailing Address 800 W 47th Street
Ste 200City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Survey Research

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.16531**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

10202.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Remington Research Group, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2020

Mailing Address 800 W 47th Street
Ste 200City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Non Federal - Survey Research

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB29.16566**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

5000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign HQNature of Debt (Purpose):
GOTV Phone Calls

Mailing Address 109 West Front St

City
BrooklynState
IAZip Code
52211

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.16550

Amount Incurred This Period

2324.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

2324.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign HQNature of Debt (Purpose):
GOTV Phone Calls

Mailing Address 109 West Front St

City
BrooklynState
IAZip Code
52211

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.16551

Amount Incurred This Period

2324.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

2324.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media BridgeNature of Debt (Purpose):
Estimate digital ads

Mailing Address 11300 Astarita Ave

City
PartlowState
VAZip Code
22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6649.10

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

15214.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Supplies

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

227.90

2) **TOTALS** This Period (last page this line number only)..... ►

42795.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

130367.12

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7380 Sprout Springs Rd Ste 210 Box 248			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3144.25</div>	
City Flowery Branch	State GA	Zip Code 30542		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.16180 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4992.14</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7380 Sprout Springs Rd Ste 210 Box 248			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3144.25</div>	
City Flowery Branch	State GA	Zip Code 30542		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.16181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: NEWMAN, MARIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8136.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	6288.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee American Marketing & Publishing			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 13 / 2020	
Mailing Address 7380 Sprout Springs Rd Ste 210 Box 248			Amount 3144.25		
City Flowers Branch	State GA	Zip Code 30542	Transaction ID : SE.16196		
Purpose of Expenditure Printing / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 11280.64			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee American Marketing & Publishing			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 13 / 2020	
Mailing Address 7380 Sprout Springs Rd Ste 210 Box 248			Amount 3144.25		
City Flowers Branch	State GA	Zip Code 30542	Transaction ID : SE.16197		
Purpose of Expenditure Printing / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
Name of Federal Candidate: NEWMAN, MARIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 14424.89			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	6288.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Campaign HQ <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2020		
Mailing Address 109 West Front St			Amount 1162.28		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.16546 Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2020		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate of \$1,187.50, this is actual		Category/Type 			
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		16049.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Campaign HQ <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2020		
Mailing Address 109 West Front St			Amount 1162.28		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.16547 Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2020		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate of \$1,187.50, this is actual		Category/Type 			
Name of Federal Candidate: NEWMAN, MARIE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		17211.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 04 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Campaign HQ			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 03 / 15 / 2020 </div>	
Mailing Address 109 West Front St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1162.28 </div>	
City Brooklyn	State IA	Zip Code 52211		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate of \$1,187.50, this is actual		Category/Type 	Transaction ID : SE.16558 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 03 / 15 / 2020 </div>	
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 18373.71 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Campaign HQ			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 03 / 15 / 2020 </div>	
Mailing Address 109 West Front St			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1162.28 </div>	
City Brooklyn	State IA	Zip Code 52211		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate of \$1,187.50, this is actual		Category/Type 	Transaction ID : SE.16560 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 03 / 15 / 2020 </div>	
Name of Federal Candidate: NEWMAN, MARIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 19535.99 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 04 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2020		
Mailing Address 1 Hacker Way			Amount 923.95		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.16170 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2020		
Purpose of Expenditure Digital Ads, originally reported as estimate of \$1,000, this is actual		Category/Type 			
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		923.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2020		
Mailing Address 1 Hacker Way			Amount 923.94		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.16175 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2020		
Purpose of Expenditure Digital Ads, originally reported as estimate of \$1,000, this is actual		Category/Type 			
Name of Federal Candidate: NEWMAN, MARIE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		1847.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1847.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 04 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 Hacker Way			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
City Menlo Park	State CA	Zip Code 94025	Amount 230.99		
Purpose of Expenditure Digital Ads, originally reported as estimate of \$250, this is actual		Category/Type 	Transaction ID : SE.16202 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
Name of Federal Candidate: NEWMAN, MARIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 14655.88			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 Hacker Way			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
City Menlo Park	State CA	Zip Code 94025	Amount 230.99		
Purpose of Expenditure Digital Ads, originally reported as estimate of \$250, this is actual		Category/Type 	Transaction ID : SE.16203 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 13 / 2020		
Name of Federal Candidate: LIPINSKI, DANIEL WILLIAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 14886.87			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			461.98		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures			14886.87		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 04 / 20 / 2020	